APPLICATION FOR SECONDHAND DEALER'S LICENSE

NAME:				
First	Middle		Last	
ADDRESS:				
Street		City	State	Zip
BUSINESS NAME & ADD	ORESS:			
-				
				
Social Security # (Owner)	Date of Birth (Owner)	Business Phone	e No.	
La company	Dand Amount	Evaluation Data		
Insurance Company Bond Amount		Expiration Date		
application or subsequent revocation if this lice Applicant's Signature		Date		
APPROVALS:				
Chief of Police		Date		
Planning Department		Date		
BOND: \$200.00/Must prov	ide proof of bond before	license can be	issued.	
FEE: \$200.00/Non-refund	dable			
SECONDHD.APP (Rev. 1/	98)			